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ABSTRACT OF A REPORT OF A CASE OF ACUTE RHEUMATISM, WITH HEART DISEASE AND EFFUSION INTO THE PLEURA.

BY C. E. BUCKINGHAM, M.D., OF BOSTON.

[Read before the Boston Society for Medical Observation, February 1st, 1858, and communicated for the Boston Medical and Surgical Journal.]

THE points of interest in the following case are numerous. Among them, the severity of the rheumatic affection of the joints; the heart affection, of which there was no rational sign, and which could only be discovered by auscultation; the effusion into the pleural cavity, without apparent cause, and unattended by some of the rational signs ordinarily seen; the extent of the effusion, and its effect in rendering the diagnosis of the heart lesion obscure; the rapidity of the absorption; the absence of what would usually be considered specific treatment—these were all matters of peculiar interest to the reporter, and to them he asks your attention. The reporter would call attention to the use of the *Cannabis Indica*, in the large doses, considering the age of the child.

Charlotte E. was 13 years old in June, 1857. Her parents are in moderate circumstances, but she has always lived comfortably, with sufficient diet and clothing. Her father is in perfect health, but in former years was subject to what he calls rheumatic attacks, though he never was confined to his bed by them. Her mother is phthisical. The girl has had the usual diseases which children are supposed to be subject to, and two years since had a severe attack of varioloid. Up to the date of the present disease, she has, since the varioloid, been in perfect health, attending school, and assisting in the work of the house. She is decidedly under size, but of that peculiar build, to which, with short stature and compact frame, is joined strength and weight. Has not menstruated; and the mammary development is the only sign of approaching puberty.

Dec. 17th, 1857, 6, P.M.—First visit. She has been complaining of headache, and general soreness of the limbs for nearly a week. Was at school yesterday, but did not remain. Her right shoulder and leg are quite lame, and she moves them with difficulty. The left limbs are less troubled. The latter do not appear swollen,

but the right are rounder than natural (this applies to the whole extent of the limbs, and not to the joints particularly). There is no redness of the skin. The tongue is covered with a thick white coat. No appetite for several days. Urine scanty and high colored. No dejection since the 13th. Pulse rapid. (Acetate of morphia, gr. 1-12.)

19th.—No good sleep for two nights. Has taken four doses of morphia. Pain and difficulty of motion increased. Pulse 120. No appetite. Is dressed and down stairs. (Tr. Cannabis Indicæ, gtt. xx., and repeat every six hours. Omit the morphia.)

20th.—In bed. Some sleep in the night; vomited once, and had pain in the bowels, which was relieved by a full dejection. Has expectorated a little dark blood, without coughing. Pulse 120, regular, but not strong. Sounds of heart normal. Respiratory sounds normal. Both knees, elbows, shoulders and ankles painful, especially in the right side, and the knees more than the other joints. During the day she vomited about a gill of greenish fluid. There seems to be no effect from the medicine, unless it produces perspiration. I therefore prepared some myself, by dissolving 24 grains of extract of hemp in an ounce of concentrated sulphuric ether. Two drachms of this tincture were made into a two-ounce mixture, of which she was to take a teaspoonful (containing one sixth of an ounce) every three hours, beginning in the evening.

21st.—During this day she took eleven doses of the mixture of hemp, equal to $5\frac{1}{2}$ grains of the extract. In the evening she took two more doses, and in the night one sixth of a grain of morphia. The pulse varied between 126 and 120. The pain continued severe through the day, and was increased at night. Red spots appeared on the ankles and joints of right forefinger. Tongue moist. No thirst. Pupils natural.

22d.—Pulse 140, respiration 44. Slept, and perspired freely after taking the morphia. Pain no less severe, especially in ankles, which are red and swollen. No pain in chest. Sounds of heart less distinct than natural, with perhaps a slight souffle, whose position and relation to the rhythm I am unable to determine. Dulness on percussion from the 2d rib to the 8th, and from the left edge of the sternum quite far back upon the left side. Impulse of heart distinctly felt, at the usual place. From 3, A.M. to 1.20, P.M., took nothing but lemonade. After that time took five grains of ex. cannabis, the last at 5.20, P.M. Much troubled with flatus. (Renew Cannabis at 8.20, and continue once in three hours, if awake.)

23d.—Pulse 120. Respiration 60, but not painful. On account of occasional vomiting last evening, was unable to take the medicine until after 11 o'clock. Since then has taken it regularly. Some pain in the course of the sternum, and some hacking cough. Impulse of heart distinctly felt from the 3d rib to the 8th. Distinct bellows sound at the apex of the heart, with the first sound.

Pain in joints as before. Some sleep during the night, and also during this day.

24th.—Pulse 112. Respiration 48. Epistaxis twice, profusely, in the morning. Much pain in cardiac region. None elsewhere, except on motion. Can move both arms and right leg. Left wrist only swollen. Tongue brown and dry. Four dejections during the day, after senna.

25th.—Dr. Calvin Ellis saw her with me. Pulse 120. Respiration 36. Tongue brown, less dry. Two dejections. No vomiting. No cough. She was quite comfortable through the day. Skin moist. Power of motion in upper extremities quite perfect. Expectorated four times a mass of clotted blood. Pulse, in the evening, 104; respirations 30. Dulness on percussion over whole of left front of chest; flatness from the 3d to the 8th rib, and from the sternum backward about eight inches. The right back is normal. Left back resonant throughout, tympanitic over the whole scapular region, and for a considerable space below, the respiration and voice being there loudly bronchial.

27th.—Pain and tenderness in limbs diminishing; could be turned on either side, for the first time. Tongue cleaning. Pulse 103. Respirations 30. Less dulness of percussion sound in left chest, from above downward, in front as well as in the side. Souffle with the first sound more distinct. Souffle heard with the *second* sound, at the junction of the 4th cartilage with the sternum, and slightly into the 4th intercostal space, but not perceptible at the apex of the heart. (Cannabis every 4 hours. Quinine every 12 hours.)

29th.—Pulse 94. General condition improving. Occasional expectoration of blood continues. Percussion sound in left upper chest more clear in front, becoming dull at about the 3d intercostal space, and flat from the 4th rib to the 8th. No respiratory sound heard in left front chest. Scapular region of same side sufficiently resonant; below this, to bottom of thorax, the sound is flat, becoming more resonant, though dull, under the axilla, and throughout the side. Bronchial respiration and voice below angle of scapula. Above, over whole of scapular region, it seems mixed with vesicular sound. Right chest normal.

30th.—Both souffles are more indistinct.

31st.—Much disturbed by undigested food. Return of pain in the left shoulder. Impulse of the heart more feeble, sounds less loud; no souffle at the apex of the heart, a slight souffle at the base, at the end of the second sound. No respiratory sound in left front, except over the heart, where it is feebly vesicular. (Quinine, one grain every eight hours. Cannabis, one grain every two hours.)

Jan. 1st, 1858.—Indistinct souffle with the first sound at the apex. The souffle at the base is double, and has the "to and fro" movement. (Omit quinine.)

3d.—Restless in night from pain between the shoulders. Lies on side, with knees drawn up. Epistaxis for a day or two. Respiration and voice strongly bronchial throughout left back. Souffle with the first sound heard loudly over the whole back, resembling the distant puff of a steam engine. The intercostal spaces are freely drawn in and out during respiration, the ribs rising and falling. (Omit Cannabis. Acetate of morphia.)

5th.—Dulness of percussion sound and absence of respiration in left front chest. The voice is abnormally resonant in the upper part. Behind, the signs are as on Jan. 3d. No pain. Can move all her limbs. Cannot turn upon the right side without increased dyspnoea.

12th.—Sitting up. Left chest more resonant in front down to the 4th rib, and over the whole back. Vesicular respiration can be heard as far down as the 4th rib in front, where it becomes bronchial. Behind, the respiration is less bronchial. Impulse of heart very distinct to the finger in the 6th intercostal space. Its action is tumultuous; souffles mixed.

13th.—Left chest normally resonant throughout, behind; respiration in same region vesicular, though rather harsher than on the right side. Souffle with the second sound only of the heart.

At this time she had taken of Cannabis, of undoubted purity, 144 grains, besides about an ounce of the tincture, in which I had no confidence. She had also taken less than a grain of acetate of morphia, 18 grains of sulphate of quinia, a scruple of tartrate of iron and potass, and several cathartic doses. Two blisters of three inches square were applied to the thorax, one only of which produced vesication, and might as well, perhaps better, have been omitted. The treatment, in fact, was by Cannabis Indica.

20th.—Nothing abnormal could be discovered in the percussion or respiratory sounds. Heart sounds perfectly distinct at apex, and no souffle perceived there. The souffle with the second sound is loudest in the axillary region; less so to the left of the base in front, and just below the spine of the scapula, still less in the rest of the back. She was up and dressed all day.

A UTERINE CUPPING INSTRUMENT.

BY I. RUSSELL LITTLE, M.D., PORTLAND, ME.

[Communicated for the Boston Medical and Surgical Journal.]

THE frequent necessity for the abstraction of blood from the uterus in the modern method of treatment for inflammation of that organ, and the expense and loss of time incurred by the use of leeches in sufficient numbers to effect the desired object, have suggested the necessity for some apparatus by which a given quantity of blood could be abstracted in a short time and with but small expense. I had been in the habit of scarifying, and partially ex-

hausting the air in the speculum by means of a wad of cotton, held in a pair of ordinary dressing forceps, when it occurred to me that the more perfect apparatus here represented, and about to be described, might be substituted.

Fig. 1 is a speculum of any metal, thickly plated with silver, with its walls parallel, instead of converging as in the ordinary speculum.

Fig. 2 is a piston of about an inch and a half in length, made to fit the speculum perfectly; at either end is a rim (*b b*) of sufficient depth to retain the band of thick porous buckskin represented by the dotted line on each side (*a*), and it is bored from the bottom, so as to form a cup with the base upward. The piston-rod is a cylinder, with walls sufficiently thick for strength, expanded at the top to a diameter of half an inch, and terminating in a ring sufficiently large to admit two fingers, without pressing upon the valve, *c*. The top of the piston-rod is slightly excavated

FIG. 1.

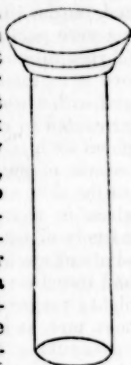


FIG. 2.



in the form of an unequal square, to admit the valve, which is composed of a block of metal glued to a piece of buckskin, one end of which is left free for a hinge, and fastened, by two small screws, to the wide side of the square depression. The piston-rod is joined to the piston by means of the screw end at *d*. When the instrument is used, the speculum is introduced, and free scarification made by means of a lancet fastened to a piece of wood or whalebone. The piston, being well oiled, is then pushed to the bottom; when withdrawn, the valve closes over the mouth of the cylinder piston-rod, and a vacuum is produced in the speculum, thus making a cupping instrument, on the ordinary principle, and applicable to the uterus. The instrument in my possession was manufactured by A. D. Puffer, of Dock Square, Boston; and in every instance where it has been tried, it has admirably answered the purpose intended.

February 18th, 1858.

VERATRUM VIRIDE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—Having noticed in the JOURNAL of the 11th inst. some remarks made by Dr. Coale, on the effects of the *veratrum viride* in controlling arterial excitement, I thought I would

send you an outline of my experience with the same remedy; which, although it has not been very extensive, has been sufficient to convince me that the veratrum is *one* of the most, if not the most valuable of the arterial sedatives we possess. My first experience with this article was in April last. Since then I have treated five severe cases of pneumonia with the veratrum as the chief remedy.

CASE.—J. K., aged 14 years, after having a bad cough for several days, was seized, on the 10th of May last, with a severe chill, followed by fever, severe pain in the right side of the chest, and hurried and painful respiration. I saw him on the 11th, and found him with the above symptoms much aggravated; skin intensely hot; tongue covered with a white fur; pain in right side, very severe, and much aggravated by coughing; dulness on percussion, and crepitation throughout both lobes of right lung; sputa rusty and perfectly characteristic of pneumonia; pulse 115. I ordered a mustard poultice to the side, and left a solution of tart. antimon. et potass. to be given in nauseating doses every two hours; the patient to partake freely of mucilaginous drinks.

12th, 9, A.M.—Patient much worse. Pain in side unmitigated; sputa very rusty and tenacious; bowels moved a dozen or more times during the night; tongue dry and red; pulse 142, and weak. Discontinue the emet. tart. and substitute Norwood's tinct. verat. vir., to be given every three hours, beginning with three drops, and increasing each dose by one drop until vomiting ensue, then diminishing the dose one half, and continuing every three hours. Mustard poultice, and mucilaginous drinks, as before. 8, P.M.—Patient vomited after the third dose (five drops) of tinct., when all the symptoms were much relieved. Expectorates more easily; sputa less tenacious, but still very rusty; skin cooler; tongue moist; pulse 130. Continue the tinct. in two-drop doses every three hours.

13th, 9, A.M.—Rested well last night; skin quite cool and moist; very little pain is complained of; expectoration easy; sputa less rusty and tenacious; pulse 94. Continue the tinct. 8, P.M.—Side rather more painful than in the morning; pulse 72; slight hepatization in lower lobe; large blister to side; calomel, one third of a grain, every three hours; diminish dose of tinct. to one drop.

14th, 9, A.M.—The blister drew in five hours. No pain complained of this morning; expectorates freely; rusty appearance of sputa nearly gone; pulse 56; signs of hepatization disappearing; patient asks for some meat. Omit tinct. and calomel, and give nothing but decoction of senega every four hours. Some mutton and beef-tea allowed.

From this time his improvement was rapid and uninterrupted, and he was at work in two weeks from the time treatment was commenced.

The other four were as well-marked cases of pneumonia; were

treated in the same manner, and with equally satisfactory results. I have recently treated two severe cases of simple pleuritis with the veratrum, in both of which it reduced the pulse, very promptly, from 125 beats in the minute to its natural standard. I have also used it in scarlatina this winter, with excellent effects. In one case, where the pulse was 125 in the minute, and the skin excessively hot on the second day of the eruption, the pulse was reduced to 82 in the minute, and the skin lost its peculiar pungency and became quite cool in twelve hours from the exhibition of the first dose of the veratrum. It seems to be well adapted to all cases in which an arterial sedative is indicated; but from the experience I have had with it, I am inclined to believe that its effects are more certain in pneumonic affections, than in any others. The great advantage that it possesses over antimony in those cases, is, that it controls the pulse effectually, with very little, if any, tendency to irritate the gastro-intestinal mucous membrane.

In order to get the full benefit of the medicine in any case, it must not be discontinued as soon as the pulse is brought to the required standard, but must be continued, in diminished doses, if necessary, until the "irritability" of the heart is completely subdued.

G. W. SPALSBURY.

Three Rivers, Mich., Feb., 1858.

ADDITIONAL FREE BEDS IN THE MASS. GENERAL HOSPITAL.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—It is a matter for congratulation that, by a vote of the Trustees of the Massachusetts General Hospital, forty more of the beds in that institution are to be free. This further provision for the sick poor will be welcomed by the profession in all parts of the State, as it will afford a chance for recovery to many of the homeless and forsaken who are not proper subjects for the State Almshouses.

In this city, the Physicians of the Boston Dispensary, and others, will be eager to avail themselves of the resource thus held out. The necessity for greatly increased hospital accommodations has become so urgent, that previous to the recent foundation of a City Hospital, measures were in progress for relieving this necessity by the efforts of private benevolence. It is, of course, far preferable that the City should retain the guardian care of its unfortunate but deserving sick—and though it could have been wished that the doors of the new Hospital, which is destined to rank with the Public Library as one of the most valuable provisions for the common welfare, could have been opened for the reception of patients during the past season of suffering; yet it is better that the arrangements for the establishment of such an institution should be

well perfected, rather than hastily made. Meantime, the increased facilities for admission to the Massachusetts General Hospital will be most opportune, and the high reputation of this excellent institution will keep its free beds fully occupied by patients afflicted with those classes of diseases which are admitted there, from every part of the Commonwealth. **

PROFESSIONAL ETIQUETTE.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I send the following for insertion in the JOURNAL, without note or comment on my part, as your readers can make their own inferences, and no one need to "put on the coat unless it fits."

OMEGA.

Dr. M. is a member of the Massachusetts Medical Society, and a practitioner in the town of D. For several weeks he has been in attendance upon Mrs. E., and the friends of this lady are desirous that some other member of the fraternity should be called in consultation. To this, of course, Dr. M. cheerfully assents, and Dr. T., who resides some four or five miles distant, is duly invited. He listens to the history of the case, confers with Dr. M. as to the proper course of treatment, upon which they mutually agree, and taking his hat, politely bows himself out, leaving the case where it was at first, in the hands of Dr. M. Now this is all right and proper—but *mark the sequel*. Dr. M. visits his patient as usual, suspecting nothing wrong, when at the expiration of five days he is very coolly informed "that he need not visit Mrs. E. any more, as *Dr. T. will take charge of her.*"

THE CONDITION OF THE LUNG NOT INVARIABLY TO BE DEPENDED ON, AS A PROOF THAT THE INFANT HAS BEEN BORN ALIVE.

BY THOS. WILLIAMSON, M.D., F.R.S.E., F.R.C.S.E., PHYSICIAN TO THE LEITH HOSPITAL.

IN a medico-legal point of view, all fresh cases bearing upon the important subject of infanticide should be carefully recorded.

During the past eighteen or twenty years of a somewhat extensive midwifery practice, five or six instances have occurred to me, which go far to establish the correctness of the remarks of Dr. Taylor, in his work on Medical Jurisprudence, when referring to the extreme caution and care which ought to be observed by medical men in forming an opinion as to the cause of the infant's death. The mere proof, derivable from the condition of the lung, that the child has respired, is by no means *per se* sufficient to establish the fact that it has been *born alive*. In writing upon this subject, Dr.

Taylor says, "Mr. Price has communicated to the *Medical Gazette* the account of a case, in which the cord was so tightly twisted around the neck of a child, that he was compelled to divide it before delivery could be accomplished. There was in this case a deep groove formed on the neck, and it conveyed the impression to himself and a medical friend that, in the absence of any knowledge of the facts, they would have been prepared to say that the child had been wilfully strangled by a rope. In this instance, the cord was very short."

In all of my cases, I was under the necessity likewise of dividing the cord previous to the birth of the infant. Had I failed in doing so, life would have been inevitably destroyed; and had a stranger to the history of the cases been called upon to institute a *post-mortem* examination, he must have arrived at the conclusion that these infants had been *born alive*.

Immediately upon the birth of the head, in the instances which have occurred to me, the infant has *respired freely*, but upon running the finger round the neck, one or more loops of the cord have been found firmly encircling the throat. In all similar cases, generally speaking, little or no trouble is experienced in at once disengaging the coil of cord, and thus permitting the almost simultaneous propulsion of the shoulders; but, in the instances referred to, owing to the extreme shortness of the umbilical cord, this manœuvre was found utterly impracticable. Each succeeding contraction of the uterus was found to tighten and constrict the umbilical ligature still more and more; respiration ceased, and the face of the infant became black and congested. Sometimes I have succeeded, with much difficulty, during the interval of pains, in slipping a double ligature around the cord, and severing it at random; at other times, I have been necessitated to divide the cord without any such precautionary measures, dreading alike mischief to the mother and child, and running all the consequent risk of fatal hæmorrhage, at least to the infant. I may mention, that the umbilical cord rarely exceeded sixteen or eighteen inches in length, and had effected a deep indentation around the neck of the child. In the last of my cases (which occurred within the past few days), shortly after the birth of the infant, upon proceeding to remove the placenta, I discovered that it was firmly retained; the uterus having assumed the hour-glass form of contraction, and refusing to dilate again without the previous administration of a large opiate. Was not this nature herself stepping in to prevent the serious displacement of the *uterus*, the placenta being still undetached from its fundus, whilst the suffocating infant was struggling to get free?

In certain instances of suspected infanticide, which will at once occur to the mind of every one, it must be obvious how very damaging to the accused, is the fact, when brought out by *post-mortem* examination, of respiration having been fairly established. The

ordinary inference, where, from the state of the lungs, this process has been proved to have existed, is, that the child must have been born *alive*. Had the cases, however, to which I have referred, been left to themselves, the infants would have been born *dead*, with an indented groove encircling their necks; and yet a *post-mortem* examination would have revealed all the indications usually regarded as conclusive proof that they had been born *alive*. Hence, then, the necessity of great caution in forming an opinion of the cause of death in all such cases.—*Edinburgh Medical and Surgical Journal*, February, 1858.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL OBSERVATION.
BY J. N. BOLLAND, M.D., SECRETARY.

FEB. 1st, 1858.—Dr. BUCKINGHAM read a paper* on a case of *Acute Rheumatism, with Disease of the Heart, and Effusion into the Pleura*.

In reply to questions asked by Dr. BOWDITCH, Dr. Buckingham said there was no prominence over the heart; that the patient had no tendency to syncope when she had dyspnoea, the nearest approach to it being dizziness when sitting up; no dislocation of the heart was noticed. Dr. B. diagnosed effusion, when he found dulness on percussion in the lower part of the back, and a tympanitic resonance above it, with bronchial respiration throughout: he could not say whether or no the heart's sounds were transmitted along the carotids. Dr. Bowditch asked this last question, because it has been stated as a point in diagnosis, that *endocardial* murmurs are transmitted along the carotids, while the *pericardial* murmurs are not.

Dr. Bowditch said he thought more active treatment would have been better in restraining the heart affection. He thinks very highly of the antiphlogistic treatment in just such cases as the one reported, as it does no harm at all to the general disease, while it relieves the local trouble. It is one of the points of practice of which he feels most sure.

Dr. Buckingham replied that this was just the point on which he disagreed with Dr. Bowditch. He thought that such antiphlogistic treatment did no good whatever. The published cases of Latham would go to prove even more than its want of efficacy, most of his patients thus treated having died, and those that lived were left in poor condition. Until very recently, just such a course would have been pursued in the management of iritis. The Society have lately had laid before them the good results of the opposite method.

Dr. Bowditch, however, could not disavow the results he had obtained in his own practice. He but a short time since had had under treatment a case of endocardial disease. While let alone, the symptoms grew steadily worse; but as soon as he began to use tincture of iodine and leeches they began to improve, and this improvement has been steadily maintained. This same thing has been proved to him

* Published in another part of this number of the JOURNAL.

again and again. In regard to all treatment, Dr. Bowditch thinks we have reached the ultimatum of scepticism. He went through with it himself, some twenty years ago, since which time his medical faith has been steadily reviving.

In reply to questions by Dr. J. C. WHITE, Dr. Buckingham said that he had not noticed any peculiar character of the pulse, as affected by disease of the valves, and that he had thought there was no disease of the mitral valves. Dr. White asked if any notice was paid to the sound of the pulmonary valves? He asked the question because it was now considered possible in all cases to determine if there is insufficiency of the mitral valve, but not by the position of the murmur alone. It would be impossible, in the majority of cases, to say whether we had insufficient mitral or stenosis of aortal valves, by the fact that we heard the soufflé more plainly at the aorta, or the apex of the heart. Auscultation of the pulmonary valves, however, decides this point; for whenever there is insufficiency of the bicuspid, the second sound of the pulmonary artery must be accentuated just in proportion to the extent of disease in the left ventricle. The explanation of this is as follows. The blood by the ventricular contraction is partly thrust back into the auricle, and from thence the impulse is extended through the pulmonary veins to the lungs, and the pulmonary artery, causing partial stagnation in that vessel, and a consequent flapping back of its valves with unusual force. In this way the accentuation becomes, without exception, diagnostic of mitral insufficiency, and whenever this sound is absent, there can be no such disease. This is true also in any pulmonary disease when there is obstruction to the free circulation of blood through the organs. And in emphysema, even, we may have the accentuation as strong as in valvular disease.

Dr. White said that this explanation was fully substantiated by autopsies, and was generally accepted throughout Germany, though it had not yet got into English books.

Dr. PARKS asked Dr. Buckingham why he relied so much on Cannabis Indica in the treatment of this case?

Dr. B. replied, that he had been making numerous experiments of late with this drug, as to its powers of relieving pain, and it had answered so well in other cases that he wished to use it in this. He thought that opium might perhaps have relieved the pain more quickly, but having had bad results in other cases with opium, he felt disinclined to use it. As to the use of Cannabis Indica, Dr. Buckingham said that he thought the activity of the medicine depended very much upon the parcel from which it was taken. When used in five-grain doses, he thought it a good substitute for opium. He was first led to use it from results obtained by Dr. John C. Dalton, Jr., who took it in doses commencing at 20 drops of the tincture, three times daily, increasing the amount to 100 drops three times daily. The use of it in the latter dose induced a peculiar prolonged and agreeable sleep.

Dr. CABOT said that he had employed it, and never saw any result obtained from less than three-grain doses.

Dr. CLARKE asked if any peculiar mental effect was produced.

Dr. Buckingham had not noticed any; he had never given the medicine in over five-grain doses at a time. He commonly orders one or two grains every hour, till the pain is relieved. The apothecaries

commonly consider three grains as the maximum dose. He had not found it to produce any peculiar effect on the skin, nor to act as a diuretic.

Dr. Clarke said that of late the *Cannabis Indica* was much used in the treatment of the insane, and that it had been found to be exceedingly variable in its effects.

Dr. Buckingham remarked, that as prepared by one or two London chemists, the drug was very even and powerful; generally it was not so. The best of it only dissolves in chloroform, ether, or the strongest alcohol. The best way of making a mixture was to dissolve the drug in chloroform, and then add to it simple syrup. In about twenty-four hours it will settle to the bottom, but it may be readily shaken up again.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.
BY W. O. BROWN, M.D., SECRETARY.

AUG. 3d, 1857.—*Scarlatina*. Dr. SNOW (Physician to the Board of Health) remarked, that scarlatina continued to prevail to some extent in the city.

Dr. J. MAURAN stated it as a singular fact, that scarlatina was very rarely (almost never) fatal in Tuscany, it being always of the simple form. It was very prevalent there. The prevalent disease in Tuscany was millaria.

Low Diet in threatened Miscarriage.—Dr. MAURAN remarked upon the benefit sometimes derived from low diet, in cases of habitual miscarriage. In illustration of this point, he related a case which had come to his knowledge, of a lady of notable family descent, in Edinburgh, who had miscarried in eleven successive pregnancies, but who was safely carried through the twelfth, under the care of Dr. Simpson, by strict adherence to a very abstemious diet. The child was represented as being very poor at its birth.

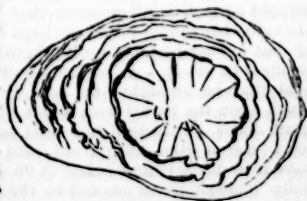
SEPT. 7th.—*Large Biliary Calculus*.—Dr. COLLINS exhibited a large biliary calculus, and furnished the following sketch and notes of the case.

The calculus was two inches long, one inch and five sixteenths wide, and weighed six drachms. A view of it, after being sawn through, with its nucleus of cholesterine, is shown in the accompanying cut.

The patient, a female, æt. 50, single, was taken sick Feb. 7th, 1857. She had suffered from a "bilious" attack in the preceding

August. There was urgent vomiting, and other symptoms of mechanical obstruction of the bowels. The symptoms continued, with great severity, until the 14th of March, forty-two days, when the calculus presented itself at the anus, and was removed by the finger. The convalescence was exceedingly slow; but she has nearly recovered her previous health.

Some discussion followed upon various articles which have been



going the rounds of the journals, asserting that saleratus, or the bicarbonates of potass and soda, have a very deleterious effect upon the system, used, as they are, with such great freedom in cookery. It was believed that the pathological changes which are supposed to result from this use of these substances, have not been clearly stated, or substantiated, and that possibly, or even probably, this may be a popular error. A diversity of opinion appeared to exist upon this subject among the members present.

DEC. 7th.—*Sloughing of the Cornea. Pemphigus.* Dr. ELY reported a case of sloughing of the cornea from inanition. The patient was an infant of about four months. Dr. E. also reported a case of death from pemphigus. This subject was also an infant of about four months.

Dr. BROWN reported the recent death from pemphigus, of an infant of about four months. This affection was stated to be of very frequent occurrence among the squalid poor in Ireland. It was popularly known among this class by the appellation of "burnt holes," and was often very fatal.

Cauliflower Excrescence of the Womb.—Dr. W. O. BROWN reported the following case.

The patient was a mulatto woman, aged about 42 years, unmarried, though the mother of two children. She was anæmic and anasarous; the lower limbs, particularly, were much distended with the dropsical effusion. She stated that, several months before, while about her labor in a saloon, she had been attacked with profuse flooding, which very much exhausted her. She had, since that time, perhaps at irregular intervals, been subject to attacks of uterine hæmorrhage. During the intervening periods, she had had a profuse, watery, or sometimes slightly sanious discharge from the vagina. This had continued to increase in amount until she was reduced to the nearly helpless state in which she was found. On examination per vaginam, a soft, irregularly-formed body was found blocking up the passage, and extending nearly to the vulva. It appeared to be but little sensitive to the touch, but bled profusely on attempting to pass the finger up to its insertion or around it. It had distended the vagina to the extent of perhaps three inches laterally, and its insertion apparently embraced nearly the whole of the cervix uteri, extending somewhat up the neck externally. On examination with the speculum, the color exhibited was a deep red, resembling a fully-ripe strawberry, or nearly approaching the color of a clot of blood. She was put upon a tonic course of treatment—iron, quinia, &c.; but as it was evident the discharge must soon exhaust her, after a consultation and an explanation to her of the uncertainty of a favorable result, it was decided to ligature the excrescence, which was accomplished by means of Gooch's double canula, with considerable difficulty, in consequence of the size of the tumor. So little pain was experienced, that an anodyne was not taken for several days, although left with her from the first. The patient's appetite remained good, and she did not appear to sink under the effect of the ligature, which was tightened nearly every day, until it came off, on the eighth day after its application. Nearly the entire mass was removed, which was, however, shrunk to about the size of a horse chestnut. The discharges during the operation of the ligature, and for some time after, were intolerably foetid, to correct which, in-

jections of solution of chloride of lime were given. Astringent injections of alum, iron alum, &c. &c., were given, but with very little satisfaction. After the removal of the excrescence, an irritative fever came on, partly, as was supposed, in consequence of absorption of putrid matters; a diarrhoea, due in part to imprudence in diet, also supervened. After about a week, however, she rallied from this condition, the discharge was very much arrested, and she was so well as to be about, and walked at one excursion more than two miles.

Mainly in consequence of her having no fixed habitation, she received but little attendance after this, and after a few weeks the discharge increased greatly, attended with profuse hæmorrhage, and she died in a little more than two months after the excrescence was removed.

It is thought probable, that, had circumstances admitted of the application of caustics or other suitable measures, the discharge might have been more effectually arrested after the removal of the tumor, and the patient's life have been prolonged.

New Mode of Preserving Vaccine Virus.—Dr. COLLINS read a paper upon a new method of using and preserving vaccine virus by means of glycerine.

Physicians (Dr. C. remarked) are so often disappointed in the use of vaccine virus after it has been kept a little while by the usual methods, that it becomes a matter of considerable importance to be able, by some easy, expeditious and certain process, to preserve it for a greater length of time.

In the October number of the *American Journal of the Medical Sciences*, page 561, appears the following paragraph:—"The Chicago correspondent of the *Peninsular Journal of Medicine* states, that Dr. Andrews, of Chicago, has made some experiments in the preservation of vaccine virus by solution in glycerine, using the solution instead of the solid matter for vaccination. In Dr. Andrews's experiments the vaccine matter was kept in solution two or three months of warm weather, at the end of which time seven cases were vaccinated with it, without a single failure. The scab, broken into three or four pieces, is thrown into a little glycerine, and occasionally shaken. It will slowly dissolve without further care. Dr. Johnson has repeated Dr. Andrews's experiments with success."

Having experienced much trouble, particularly of late, in keeping a reliable supply of vaccine virus, for public vaccinations, I was glad to meet with any suggestions which would aid me in accomplishing this very desirable object. I immediately made some experiments, which have convinced me that, by the use of glycerine, we can probably preserve vaccine virus for a great length of time, and that when we desire it for more immediate use, this liquid is by far the best solvent for the solid matter that we possess. It saves us both time and trouble, and enables us to use the matter with much greater economy, which is of importance when our stock happens to be small. I think that no one who has once used glycerine for this purpose, would desire to use anything else.

In my first experiment I pulverized about one-eighth of an ordinary scab, upon a glass plate, and moistened it with a small drop of glycerine. It is better that the matter be pulverized, as it otherwise dissolves very slowly. The quantity thus prepared served for my vac-

cinations for several days, amounting in all to twenty-four, among which there were but two failures—a success which I have rarely attained when using water as the solvent. There was, of course, no drying up of the matter after the solution, requiring renewed applications of the solvent, and so long as any remained upon the plate it was ready for immediate use.

I next pulverized another one-eighth of a scab, and dissolved it in about two drops of glycerine, placed at the bottom of a very small phial. From this I filled, by suction with the mouth, four of the usual capillary glass vaccine tubes, and sealed them hermetically—using for this purpose but about one half of the two drops. From one of these tubes I have since vaccinated three children successfully, using less than one half its contents. The other three tubes I shall keep for some time, to see if age will in any degree impair its quality.

I see no reason why, when thus dissolved in glycerine, and hermetically sealed in glass tubes, it should not retain its virtue for a great length of time. The antiseptic qualities of the glycerine, I should judge, would render it less liable to change than is the pure vaccine lymph when treated in the same way, which we know can thus be kept for many months.

If I am correct in the foregoing conclusions, which a little time will determine, the preservation of vaccine virus and the distribution of it, when desired, to distant sections of the country, will become an exceedingly simple and easy affair. A single scab, prepared as above, would be sufficient to fill some fifty tubes, each of which would be capable of vaccinating ten or more persons.

I would suggest that the glass tubes, for this purpose, should be drawn with a little larger bore than those in use for the pure lymph, both for the convenience of filling, and that the solution may be used in a little more concentrated form than is practicable with the very fine capillary tubes which answer well for the latter purpose.

Diseased Supra-renal Capsule.—Dr. Collins reported a case of disease of one of the supra-renal capsules occurring in a colored man, about 70 years of age, who died of pneumonia of the right lung. The kidneys were large and a little fatty. There was a cyst in the right one. The left capsule was normal. The right was enlarged by a deposit, in its medullary substance, of a flattened ovate form, one and a half inch in its long axis, and three-fourths of an inch in its short. Its color was a little lighter than the normal medullary substance. It was surrounded by about the usual thickness of cortical tissue.

Under the microscope it presented great quantities of fat, and appeared to be a fatty degeneration of the normal medullary substance. There had been no symptoms noticed referrible to this lesion.

Oxalate of Lime Deposits.—Dr. C. also made some remarks on the frequent occurrence of oxalate of lime in the urine, he having met with nine cases since the first of July last—six times in males and three times in females. His experience goes to confirm the statement of Dr. Bird, "that the oxalate is of far more frequent occurrence in the urine than the deposits of earthy phosphates."

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CONSULTATION WITH HOMŒOPATHISTS.

SHOULD the regular physician consult with homœopathists? This question has been often asked and answered both at home and abroad. Sometimes a positive and indignant negative has been given; at others, motives of so-termed expediency, or, in rare instances, honest doubts, have made the reply a qualified one, or rendered the expected respondents temporarily dumb.

We confess that we honor that independent spirit which makes a practitioner refuse, point-blank, to meet homœopathists in consultation; on the other hand, we listen with respectful deference to the arguments which honored physicians of ripe age and valued experience adduce to justify their occasional communications of this nature with them. While we listen, however, we cannot be convinced that in so doing they are right. The greater their age and the more precious and sought after their wisdom, the more does the latter belong to those only who are not disciples of a mere dogma, and who scorn the duplicity which lends to Hahnemannism the characters of the chameleon.

Can the regular physician consult with homœopathists? We have no hesitation in saying, decidedly, that he cannot. Those in our own community whom we respect most highly, and who have been asked to meet homœopathists in consultation, and have from any reasons felt justified in doing so, yet expressly tell us that on such occasions, they announce to the friends and to the irregular practitioner, that unless their (the consulted physicians') views are faithfully carried out, they decline any responsibility or action in the case. The cases in which they are thus summoned, are generally so serious that the consulting parties are only too glad to yield the point at once. This being so, how is there any *consultation*? The true physician knows very well that there can be none, and so does the homœopathist; their opinions and practice are antipodal. Virtually, this meeting at the sick man's bed-side is the lowering of the homœopathist's flag; he is ignored; he is as though he were not; the conference is not one at all, it is a *dictation* on the part of the consulted physician; in fact, the homœopathist relinquishes the case and the physician takes it up. It matters not whether the latter ever sees the patient again or not—if his terms have been acceded to and compliance promised, the parties being presumed honorable—the facts are the same.

This sort of consultation, then, is a sham consultation—no consultation—dictation. Why misname it? Why call for it at all? It were better, in such circumstances, if patients alone, or if both patients and infinitesimal practitioner become uneasy, alarmed, distrustful—to dismiss the faltering disciple of potentialities and call in the man they would wish of all others to consult, and give him the charge of the case. The other procedure amounts, in the end, to the same thing, but it entails a vast deal of unpleasant feeling, and disagreeable imputation, while it often inflicts much actual wrong upon the honest members of our profession.

The chief injury caused by the so-termed consultation between physicians and homœopathists is, that it leads the public to believe the latter quite on a par with the former; and certainly the profession, if they endorse the procedure, give ample reason for the opinion. They thus destroy their own influence and prospects, and become completely suicidal. There are those who, by the gifts of fortune, or by a long and successful practice, are able to take these matters in a very non-chalant way; but the chief recoil is upon others less able to bear these leaks made by medical men in the professional ship—and especially do the young men feel it—they will feel it yet more decidedly, if we are not greatly mistaken.

"Consultation" obtained with a distinguished physician of the true stamp, is therefore a great triumph, naturally, to the homœopathic practitioner, whether the latter be a German ostler self-constituted a "doctor," or a well-educated man with one or several of his mental screws loose. And by so much as it encourages the homœopathist, by just as much it discourages, depresses and depreciates in the public eye the truthful and honorable physicians who claim kindred with their consulting brother.

The subject is a serious one, we think; it is not to be evaded, or turned aside with a smile, as if of no consequence. There will be quite as frequent occasions as ever, in time to come, when homœopathists will be glad, or when friends will compel them to call in aid, and distinguished regular physicians will be sure to be the ones sent for. Will they continue to term such meetings a "consultation"; will they still think it right thus to lend the *prestige* of their names and influence to a sect of pretenders; is it consistent with their position as members of an honorable and mutually dependent profession, thus to favor those with whom they acknowledge not the slightest similarity in medical opinions, at the expense of those with whom they wholly sympathize, and to whom they owe a better allegiance?

If homœopathists wish to consult upon medical matters, why do they come to those whom they know to be so utterly at variance with them? If there are none within their own *clique* in whom they have greater confidence than in themselves, let them resign all threatening and puzzling cases. If the patient's friends believe it is their duty to seek for more light and aid, let them be enlightened as to the absurdity of bringing two men together to *consult* over a critical case, who agree in nothing, medically, and who are not likely to agree. If, after knowing this, they are willing to commit the absurdity, theirs is the responsibility, and the disagreeable position is that of the two antipodal characters victimized—and, *finis*, there is the "consultation" fee—rather, we should say, the fee for dictating to the silenced homœopathist what he shall do henceforth, so far as that patient is concerned. An interesting predicament, truly.

More than aught else, however, do we deprecate the precedent which allows the public to suppose that we and homœopathists are "hail fellows well met," which, of course, is a legitimate deduction from the fact of even dictation-consultations with them. There are enough stumbling-blocks in the way of young, and even middle-aged, physicians honorably pursuing their arduous calling, without having any new ones added. And well may many who would otherwise struggle on bravely, and with high hope of success, even if not prop-

ped by adventitious aids, falter and finally give up in despair and disgust a pursuit whose followers cannot protect themselves against abuses like these. That was a miserable day which saw the first homœopathist in the Massachusetts Medical Society. As time has gone on and more have been tolerated therein, they have done nothing but make trouble for the rest of the members; their own rights as such have now become one reason with some why they should be consulted with; and they still cunningly hold their places, notwithstanding they have a society of their own. The Massachusetts Medical Society thus loses its protective power over its worthier members; and, if more of the infinitesimal leaven is yearly to be infused into it, will soon not be worth the annual assessment. Let us hope for and have a reform—other societies in this country and elsewhere have effected one, why should not ours?

NEW MODES OF APPLYING THE ACTUAL CAUTERY.

In a late number of the *Union Médicale* we find some suggestions respecting the employment of the actual cautery, which appear valuable for a class of cases in which it is not desirable to have recourse to the severe application of the old method by means of the red hot iron. M. Bonnafond has invented a new "caustic crayon," composed of 75 grains of gum tragacanth, 4 drachms of powdered wood charcoal, and 30 grains of nitrate of potass. The gum is to be dissolved in a sufficient quantity of water to make a thick solution, the process being facilitated by the addition of a little sugar; then the nitre and charcoal, mixed together, are to be added gradually, to form a mass sufficiently consistent to be made into cylinders of different sizes. He afterward found that the nitre might be advantageously omitted. The end of the cylinder being ignited, is to be lightly applied to different points of the affected part.

In a subsequent number of the same journal, Dr. Chevillon describes a still more simple method of applying the actual cautery. He employs a small roll of linen, one end of which is to be ignited in the flame of a candle. On blowing gently upon the lighted end a few moments, a little red-hot cone is formed, with which the skin is to be touched. In this way fifty or a hundred applications can be made in a few minutes. This method is especially useful in dorsal and lumbar neuralgia, sciatica, old glandular swellings, obstinate facial paralysis, dropsical effusions into the joints, &c.

TREATMENT OF CROUP BY THE INHALATION OF CHLOROFORM.

AN "Inquirer," alluding to a notice in the *JOURNAL* for January 22d, 1857, of the successful employment of chloroform by inhalation in cases of membranous croup, by M. Passavant, asks whether any further experiments have been made, and if so, with what success. We have met with no notice of any other experiments of the kind, and from the length of time that has elapsed since the publication of those of M. Passavant, we are inclined to believe that, as is frequently the case with new remedies which promise much at first, the results have not been confirmed by farther experience. The success of M. Passavant is certainly very remarkable, and the experiment is so easy of performance that it would be surprising if it were not tried by others. We regret to be also unable to furnish any information concerning the

use of the inhalation of chloroform in cases of catarrh. There is good reason for believing that it might be of service in relieving some of the symptoms, though it could not probably shorten the duration of the disease.

The Massachusetts General Hospital.—We are glad to call attention to the good news of increased accommodation for the sick poor at the Massachusetts General Hospital, in relation to which a correspondent has sent a communication, which appears in our pages to-day. It would seem to be admitted, on all hands, that provision of this nature is loudly demanded; and while we are no less confident than ever that much discrimination in extending aid of every sort to the poorer classes is requisite, we are gratified to be able to announce that such as are really deserving are likely to receive the care they require.

It cannot be an infrequent thing that practitioners in the country should wish to avail themselves of free hospital accommodations; such an application was lately made to us. By a happy coincidence of action we now have a Free City Hospital under way, and forty free beds, additional, at the Massachusetts. We congratulate the latter Institution upon its late windfall—the receipt of Dr. Treadwell's legacy—and the former upon its birth and the nursing care it is receiving.

Dr. Brown-Séguard's Journal of Physiology.—We have just received the first number of the *Journal de la Physiologie de l'Homme et des Animaux*, published in Paris under the direction of M. Brown-Séguard. This number contains thirteen original articles on physiological subjects, a periscope of the progress of physiology, and an analysis of new books. It fully sustains the high reputation of its distinguished conductor, and will occupy the first rank among European scientific journals. Each number will contain from 160 to 200 pages, with plates and engravings, and will appear quarterly. The publisher in this country is M. Baillière, 290 Broadway, New York. The price of the Journal in Paris is eighteen francs a year.

Health of the City.—The high rate of mortality which we noticed as occurring the week before last, continued during the past week, though somewhat diminished. There were 6 deaths from scarlatina, 5 each from pneumonia, "dropsy in the head" and "teething," and 4 from measles, one of whom was a woman aged 40 years. The number of deaths during the corresponding week of 1857 was 70, of which 10 were from consumption, 10 from scarlatina and 6 from pneumonia.

Is a part of the edition of this number of the JOURNAL, the cut on page 113 was accidentally inverted.

Communications Received.—Epidemic Yellow Fever of 1856 at Bay Ridge and Fort Hamilton.—Remarks on Elongation of the Uvula as a cause of Disease.

MARRIED.—In Gloucester, Feb. 24, Dr. Samuel E. Cones, U. S. N., to Miss Mary B. Hughes.—In Bradford, Feb. 18th, Dr. George B. Cogswell, physician at the State Almshouse, Bridgewater, to Miss Kate B. Brown, of Bradford.

Deaths in Boston for the week ending Saturday noon, March 6th, 80. Males, 45—Females, 35.—Accident, 1—apoplexy, 1—inflammation of the bowels, 1—congestion of the brain, 3—consumption, 16—convulsions, 2—croup, 3—dropsy, 1—dropsy in the head, 5—debility, 1—infantile diseases, 2—epilepsy, 1—erysipelas, 2—scarlet fever, 6—disease of the heart, 3—hemorrhage, 2—inflammation of the lungs, 5—disease of the liver, 1—marasmus, 4—menstrual, 4—old age, 1—palsy, 1—pleurisy, 2—rheumatism, 1—disease of the spine, 1—scrofula, 3—teething, 6—tetanus, 1—thrush, 1—unknown, 1.

Under 5 years, 30—between 5 and 20 years, 6—between 20 and 40 years, 19—between 40 and 60 years, 9—above 60 years, 7.

Tennessee Hospital for the Insane.—The third biennial Report of this Institution (Dr. Cheatham, physician and superintendent) represents it to be in a flourishing condition. "The present number of patients under treatment is 158, and 69 have been discharged during the last two years, of whom 28 were restored, 8 much improved, 4 improved, 10 stationary, and 19 died." The mode of heating and ventilating is represented as very efficient, a large fan driving heated or cold air through the entire building at the rate of 60,000 cubic feet per minute. A small farm and an extensive green-house are attached to the hospital.

New York Medical College.—The Eighth Annual Commencement took place at the College edifice on Tuesday evening, 2d inst. Dr. Horace Green, LL.D., President of the Faculty, read the names of the members of the graduating class, who came forward to receive their diplomas. The Hippocratic oath was taken by each, and the degree of M.D. was conferred upon thirty-three candidates. The Honorary Degree was conferred on Gonzalo Jorin, M.D., Cuba, W. I.; Prof. Vincente A. de Castro, M.D., Cuba, W. I.; Dr. J. H. Bailey, U. S. N. Prof. B. Forcice Barker delivered the valedictory address to the graduating class.

Ohio Lunatic Asylums.—The nineteenth annual report of the Central Asylum, at Columbus, has been published. Dr. Hills states the number of inmates as follows:—Remaining at the close of last year, 223; received during the year, 195; number discharged (including 32 died), 159; remaining, Nov. 1, 1857, 259. Total number treated during the year, 418. Much attention is given to the employment of the inmates, with marked benefit to them. The income from the farm and kitchen garden last year, was \$1,617 55; from the women's sewing-room, \$382 45. Expense for the year, \$46,183 35.

The Southern Asylum, at Dayton, a more recent establishment, had 285 under treatment during the year. Number discharged, 124. Dr. McIlhenny is the superintendent. Cost of sustaining the institution last year, \$28,781 65.

Presentation of the Wood Prizes at Bellevue Hospital, New York.—On Monday, 1st inst., at Bellevue Hospital, as we learn from the *New York Times*, Dr. Valentine Mott, on behalf of Dr. James R. Wood, the donor, presented two prizes, one of fifty dollars, and the other of twenty-five, to the makers of the best two of the anatomical preparations presented for deposit in the museum founded by Dr. Wood in the Hospital to which he is attached as Surgeon. The competition was open to all the students of surgery and anatomy in the three medical colleges of the city, and to the professors of those branches in each of the colleges was deputed the duty of making the awards. There was a very large attendance of students, professors, members of the Faculty, and friends of the profession and the Institution. The successful specimens were exhibited on a table in the centre of the lecture-room, and were much admired. The larger one was an excellent preparation of the nervous system of the face; the other, a preparation of the nerves of the head in connection with the sympathetic system of that part of the body. Dr. Francis introduced Dr. Mott, who, after some excellent and well-received prefatory remarks, presented the prizes:—the first to Mr. George F. Shady, student of the Twenty-third-street School (the College of Physicians and Surgeons), and now connected with the surgical staff of the New York Hospital School, and the second to George Edward Post, the son of Professor Alfred C. Post, of the Fourteenth-street School. Dr. J. W. Francis then rose, at the request of Dr. Mott, and addressed the audience at some length. He was followed by Professor Smith, of Twenty-third street College, who made a few remarks indicative of his high approval of the object for which the prizes were offered, and of the merit of the specimens exhibited.

South Carolina Medical Association.—The annual meeting of this Association was held in Charleston, at the Roper Hospital, on the 3d and 4th of February.—Dr. R. W. Gibbes, President, in the chair. An address was delivered by the President, a paper read by Dr. R. S. Bailey, and a preamble and resolutions adopted in relation to the lamented death of the late Dr. T. Y. Simons. The annual oration was delivered by Dr. J. McF. Gaston. Four new members were admitted to the Association, and fourteen delegates appointed to the next meeting of the Am. Medical Association at Washington.